S. No. 300
v. 10.48

FILED APR 3 1953

12839

State File No. _____

BIRTH NO. _____   REG. DIST. NO. **317**   PRIMARY REG. DIST. NO. **500**   Registrar's No. **810**

1. PLACE OF DEATH
a. COUNTY   St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE   Missouri   b. COUNTY   St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   Normandy
c. LENGTH OF STAY (In this place)   16 yrs.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)   Normandy 418

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)   Imaculate Heart Convent

d. STREET ADDRESS (If rural, give location)   7626 Natural Bridge

3. NAME OF DECEASED (Type or Print)
a. (First) BRIDGET   b. (Middle)   c. (Last) LONERGAN

4. DATE OF DEATH (Month) (Day) (Year)   March 13, 1953

5. SEX   Female
6. COLOR OR RACE   White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   Never married
8. DATE OF BIRTH   Nov. 11, 1871
9. AGE (In years last birthday)   81   IF UNDER 1 YEAR Months / Days   IF UNDER 1 YEAR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   House keeper (Retired)
10b. KIND OF BUSINESS OR INDUSTRY   Parish Rectory
11. BIRTHPLACE (State or foreign country)   Ireland
12. CITIZEN OF WHAT COUNTRY?   USA

13a. FATHER'S NAME   (Unknown) Lonergan
13b. MOTHER'S MAIDEN NAME   Mary Davin
14. NAME OF HUSBAND OR WIFE   None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   No
16. SOCIAL SECURITY NO.   none
17. INFORMANT'S SIGNATURE OR NAME   John Egan   **ADDRESS**   6998 Alberiol (Northwoods)

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis & Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
6 months
Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

4201

20. AUTOPSY?   YES ☐   NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   m.
21e. INJURY OCCURRED   WHILE AT WORK ☐   NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1/52, 19___, to 3/13, 19 53, that I last saw the deceased alive on 3/1/53, 19___, and that death occurred at 725A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)   Robert A. Bauer MD
23b. ADDRESS   3731 Goodfellow
23c. DATE SIGNED   3/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)   Burial
24b. DATE   Mar. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY   Calvary
24d. LOCATION (City, town, or county)   St. Louis   (State)   Mo.

DATE REC'D BY LOCAL REG.   3-15-53
REGISTRAR'S SIGNATURE   Herbert R. Doull M.D.
25. FUNERAL DIRECTOR'S SIGNATURE   Cullen Kelly   **ADDRESS**   7267 Nat'l. Bridge

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....
...., **Student Embalmer No.** ....

working under my personal supervision.

Student ....
           Student Embalmer

Signed _James A. Lammers_

Licensed Embalmer No. _4142_

P. O. Address _St Louis_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.